



701 SW 27th Avenue Suite 800
Miami, Florida 33135
T (305) 649-9352
F (305) 649-6358

Date of Inquiry:

Volunteer Inquiry Form

Name _____ D.O.B. _____ Age _____

Gender _____ Race _____

Address _____ Apt. # _____

City _____ Zip Code _____

Home # _____ Work # _____

Cell # _____ Email Address _____

How did you hear about us?

☐ Radio ☐ TV ☐ Internet ☐ Newspaper Ads ☐ Other

☐ Volunteer Fair If so, Which Campus? _____

Do you need a placement for service learning? ☐ Yes ☐ No

If yes, please list the college course name _____

Tell me a little about yourself. Do you have any special talents, skills, trainings, and etc. to share?

Do you speak any languages besides English? ☐ Yes ☐ No If Yes, please list? _____

Why do you want to volunteer?

Have you ever volunteered before? ☐ Yes ☐ No If Yes, Where? _____

Preferred location to volunteer is? (Indicate if you would like to volunteer close to home, school, work, etc. There are several opportunities in Miami-Dade County so please **BE SPECIFIC!**)

Are you willing to travel? ☐ Yes ☐ No How Far? _____

When are you available to volunteer?

- ☐ ~~Weekdays~~ (Before, during or after school)
- ☐ ~~Weekends~~
- ☐ Flexible
- ☐ One-time projects only

Which would you prefer?

- ☐ School based program
- ☐ Community based program
- ☐ One-one setting
- ☐ Group setting

What age range do you prefer to work with?

- ☐ 5-10 years old
- ☐ 11-13 years old
- ☐ 14-18 years old
- ☐ other (any specific ages?) _____

Would you like to volunteer as a ~~guest speaker~~ ☐ Yes ☐ No

Which topics do you consider yourself knowledgeable about?

Thanks for your interest in becoming a volunteer/mentor in your community.

Please return this form to the MRC representative. You can also fax this form to 305-649-6358 or mail it to Mentoring Resource Center, 701 SW 27th Avenue Suite 800, Miami, Florida 33135.

For Office Use Only

Contact Sheet:

Date:
Time:
Spoke with:
Notes:

Date:
Time:
Spoke with:
Notes:

Date:
Time:
Spoke with:
Notes:

Referral Information:

Agency #1_____

Date_____

Agency #2_____

Date_____

Agency #3_____

Date_____

Agency #4_____

Date_____

Agency #5_____

Date_____